



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 9, 2007

Patti Davis, Administrator
Ashley Manor Care Centers Inc - Elgin Way
3961 Elgin Way
Boise, ID 83713

License #: RC-581

Dear Ms. Davis:

On July 11, 2007, a Fire Life Safety Survey was conducted at Ashley Manor Care Centers Inc - Elgin Way. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY, Health Facility Surveyor
Team Leader
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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July 13, 2007

Patti Davis, Administrator
Ashley Manor Care Centers, Inc - Elgin Way
3961 Elgin Way
Boise, ID 83713

Dear Ms. Davis:

On July 11, 2007, a Fire Life Safety Survey was conducted at Ashley Manor Care Centers Inc - Elgin Way. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 11, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES, Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R581	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2007
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ELGIN		STREET ADDRESS, CITY, STATE, ZIP CODE 3961 ELGIN WAY BOISE, ID 83713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 11, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

U21821

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Ashley Manor Elgin Way	Physical Address 3961 Elgin Way	Phone Number (208) 327-9960
Administrator Gary May	City Boise Id	ZIP Code 83713
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 7-11-7

NON-CORE ISSUES

[illegible]

Response Required Date	Signature of Facility Representative	Date Signed
8-11-7	Channing Bruce	7-10-2007